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Application Number	10/789,065
Filing Date	February 27, 2004
First Named Inventor	Moses A. Lipshaw
Title	LIMB ENCIRCLING THERAPEUTIC.....
Art Unit	3743
Examiner Name	unknown
Attorney Docket Number	CAID 1019480

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/30/05
Name	MOSES A. LIPSHAW	Telephone	858-546-3550
Title and Company	R+D MANAGER, CIRCAID MEDICAL PRODUCTS		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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